

Northeastern Illinois University
Accounts Receivable Department

Automatic Tuition Payment Request Late and Change Registration Plan E

Name: _____

SS#: _____

I am electing to defer my payment for tuition and fees for **FALL 2007** with the university. My method of payment will be:

Credit Card payment

1st payment upon receipt

Please circle **\$230.00** — 6 credit or less

\$460.00 — 6 credit or less

2nd payment by October 10, 2007

Amount _____

3rd payment by November 1, 2007

Amount _____

Card Holder Name _____ Credit Card Number _____ - _____ - _____ - _____

__ Visa __ Master Card Expiration Date _____

I agree to and understand that my 2nd & 3rd payments are due by the dates shown above. I understand and agree to my credit card being automatically processed and my credit card account being charged.

Phone# _____

Date _____

A/R Staff _____

Northeastern Illinois University
Accounts Receivable Department

Automatic Tuition Payment Request Late Registration

Name: _____

SS#: _____

I am electing to defer my payment for tuition and fees for _____ with the university. My method of payment will be:

Credit Card payment

1st payment upon receipt

Please circle **\$230.00** - 6 credit or less

\$460.00 - Over 6 credit hours

2nd payment by _____

Amount _____

3rd payment by _____

Amount _____

Card Holder Name _____ Credit Card Number _____ - _____ - _____

__ Visa __ Master Card Expiration Date _____

I agree to and understand that my 2nd & 3rd payments are due by the dates shown above. I understand and agree to my credit card being automatically processed and my credit card account being charged.

Phone#

Date

A/R Staff